

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF DARRYL ORRIN BAKER	COURT CASE NUMBER CA-05-0147 ERIE		
DEFENDANT FCI MCKEAN WARDEN	TYPE OF PROCESS CIVIL		
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
SERVE AT FCI MCKEAN WARDEN ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	FCI MCKEAN P.O. BOX 8000 BRADFORD, PA. 16701		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			
<input type="checkbox"/> DARRYL ORRIN BAKER REG. NO. # 19613-039 FEDERAL PRISON CAMP P.O. BOX 2000 LEWISBURG, PA 17837		Number of process to be served with this Form 285	1
		Number of parties to be served in this case	7
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

SCANNED

Signature of Attorney other Originator requesting service on behalf of: <i>Darryl Baker</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		9/13/2005

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY – DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date <i>10/3/05</i>	Time <input type="checkbox"/> am <input type="checkbox"/> pm
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Service Fee <i>50</i>	Total Mileage Charges including endorsements	Forwarding Fee	Total Charges <i>50</i>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS: *510 mailed 9-28-01 9843 8019 7371*

PRINT COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

2. Article Number



7160 3901 9842 8019 7371

3. Service Type CERTIFIED MAIL

4. Restricted Delivery? (Extra Fee) Yes No

1. Article Addressed to:

FCI MCKEEAN WARDEN
 P.O. BOX 8000
 BRADFORD, PA. 16701

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

Drazen

B. Date of Delivery

10-3-05

C. Signature

X

 Agent
 Addressee
 D. Is delivery address different from item 1?
 If YES, enter delivery address below:
 Yes
 No

EX-2003

5-147,8/C,9/28/05,SRB

PS Form 3811, January 2003

Domestic Return Receipt